

Appendix A

REISSUE APPLICATION DECLARATION BY THE ASSIGNEE		Docket Number (optional)																																				
<p>I hereby declare that:</p> <p>The residence, mailing address and citizenship of the inventors are stated below.</p> <p>I am authorized to act on behalf of the following assignee: <u>Lyco Manufacturing, Inc.</u></p> <p>and the title of my position with said assignee is: <u>Chief Operating Officer</u></p> <p>The entire title to the patent identified below is vested in said assignee.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Inventor</td> <td style="width: 50%;"><u>David R. Zittel</u></td> <td style="width: 50%;">Citizenship</td> <td style="width: 50%; text-align: center;"><u>United States</u></td> </tr> <tr> <td colspan="4" style="padding: 5px;">Residence/Mailing Address <u>155 Oak Grove Drive, Columbus, WI 53925</u></td> </tr> <tr> <td>Inventor</td> <td><u>Steven W. Hughes</u></td> <td>Citizenship</td> <td style="text-align: center;"><u>United States</u></td> </tr> <tr> <td colspan="4" style="padding: 5px;">Residence/Mailing Address <u>N8449 Coventry Lane, Beaver Dam, WI 53916</u></td> </tr> <tr> <td colspan="4" style="padding: 5px;"> <input checked="" type="checkbox"/> Additional inventors are named on separately numbered sheets attached hereto. </td> </tr> <tr> <td>Patent Number</td> <td><u>6,234,066</u></td> <td>Date of Patent Issued</td> <td style="text-align: center;"><u>May 22, 2001</u></td> </tr> <tr> <td colspan="4" style="padding: 5px;">Title of Invention <u>Rotary Blancher for Processing Food Product</u></td> </tr> <tr> <td colspan="4" style="padding: 10px;"> <p>I believe said inventor(s) to be the original and first inventor(s) of the subject matter which is described and claimed in said patent, for which a reissue patent is sought on the invention entitled:</p> <p style="text-align: center;"><u>Rotary Blancher for Processing Food Product</u></p> <p>the specification of which</p> <p><input checked="" type="checkbox"/> is attached hereto.</p> <p><input type="checkbox"/> was filed on _____ as reissue application number _____ / _____</p> <p>and was amended on _____ (if applicable)</p> </td> </tr> <tr> <td colspan="4" style="padding: 10px;"> <p>I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.</p> <p>I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.</p> <p><input type="checkbox"/> I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b). Attached is form PTO/SB/02B (or equivalent) listing the foreign applications.</p> <p>I verify believe the original patent to be wholly or partly inoperative or invalid, for the reasons described below. (Check all boxes that apply.)</p> <p><input type="checkbox"/> by reason of a defective specification or drawing.</p> <p><input checked="" type="checkbox"/> by reason of the patentee claiming more or less than he had the right to claim in the patent.</p> <p><input type="checkbox"/> by reason of other errors.</p> </td> </tr> </table>			Inventor	<u>David R. Zittel</u>	Citizenship	<u>United States</u>	Residence/Mailing Address <u>155 Oak Grove Drive, Columbus, WI 53925</u>				Inventor	<u>Steven W. Hughes</u>	Citizenship	<u>United States</u>	Residence/Mailing Address <u>N8449 Coventry Lane, Beaver Dam, WI 53916</u>				<input checked="" type="checkbox"/> Additional inventors are named on separately numbered sheets attached hereto.				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This collection of information is required by 37 CFR 1.175. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing this form, call 1-800-PTO-9199 and select option 2.

REISSUE APPLICATION DECLARATION BY THE ASSIGNEE

Additional Inventors

Daniel D. Maupin
6445 NE Pettibone Drive
Corvallis, OR 97330

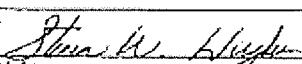
US Citizen

PTO/SB/52 (07-03)

Approved for use through 01/31/2004 OMB 0651-0033

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REISSUE APPLICATION DECLARATION BY THE ASSIGNEE		Docket Number (Optional) 338.072												
<p>At least one error upon which reissue is based is described as follows:</p> <p>It is believed that the scope of the broadest independent claim is too broad in view of the prior art, it is believed that certain further features could have and should have been claimed in both independent and dependent form to better clarify the scope of the invention and further distinguish the invention from the prior art.</p> <p>These errors were discovered during a review of the patent in light of potential litigation.</p> <p>[Attach additional sheets, if needed.]</p>														
<p>All errors corrected in this reissue application arose without any deceptive intention on the part of the applicant.</p> <p>I hereby appoint:</p> <p><input checked="" type="checkbox"/> Practitioners at Customer Number: 23598</p> <p>OR</p> <p><input type="checkbox"/> Practitioner(s) named below:</p> <table border="1"> <tr><td>Name</td><td>Registration Number</td></tr> <tr><td> </td><td> </td></tr> </table>			Name	Registration Number										
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<p>as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.</p>														
<p>Correspondence Address: Direct all communications about the application to:</p> <p><input checked="" type="checkbox"/> Customer Number: 23598</p> <p>OR</p> <p><input type="checkbox"/> Firm or Individual Name: _____</p> <p>Address: _____</p> <p>Address: _____</p> <p>City: _____ State: _____ Zip: _____</p> <p>Country: _____</p> <p>Telephone: _____ Fax: _____</p>														
<p>I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine and imprisonment, or both, under 18 U.S.C. 1001, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this declaration is directed.</p>														
<p>Full name of person signing (given name, family name) Steven W. Hughes</p>														
<p>Signature </p>		<p>Date Feb. 20, 2004</p>												
<p>Address of Assignee Lyco Mfg. Inc., 115 Commercial Drive, Columbus, WI 53925</p>														

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